

LEP LICENSEES ONLY

Submit this application WITH YOUR CURRENT RESUME to the Examination Unit at the above address.

| Section A PERSONAL INFORMATION | | | | | | | | | | |
|---|-----|----------------|------------|-----------------|------------|-----------------|-----|----------------|----|-----|
| Last Name | | | | | First Name | | | | MI | |
| Street Address | | | | City | | | | State | | Zip |
| Home Phone | () | | Work Phone | () | | Fax Phone | () | | | |
| Cell | () | | Pager | () | | Social Sec. No. | | | | |
| License Type | | License Number | | Expiration Date | | Other licenses | | E-Mail Address | | |
| Completion of the following fields are OPTIONAL: | | | | | | | | | | |
| Race/Ethnicity | | | | Date of Birth | | Gender | | | | |

| Section B REQUIREMENTS | |
|--|--|
| Do you currently practice independently as an LEP outside of employment as a school psychologist? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Section C QUESTIONNAIRE | |
|--|--|
| Have you ever participated in an examination development workshop for the Board? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES , when did you last participate in a workshop? _____ | |

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality agreement.

Signature _____

Date _____